

STATE OF SOUTH CAROLINA

(Caption of Case)

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

COVER LETTER

DOCKET  
NUMBER: 2001 - 447 - C

(Please type or print)

Submitted by: Ernest Communications, Inc.  
Address: 5275 Triangle Pkwy, Suite 150  
Norcross, GA 30092

SC Bar Number:  
Telephone: 770-242-9069  
Fax: 770-448-4115  
Other:  
Email: pmasters@ernestgroup.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

DOCKETING INFORMATION (Check all that apply)

☐ Emergency Relief demanded in petition ☐ Request for item to be placed on Commission's Agenda expeditiously

☒ Other: Authorized Utility Representative

INDUSTRY (Check one)	NATURE OF ACTION (Check all that Apply)		
<input type="checkbox"/> Electric	<input type="checkbox"/> Affidavit	<input type="checkbox"/> Letter	<input type="checkbox"/> Request
<input type="checkbox"/> Electric/Gas	<input type="checkbox"/> Agreement	<input type="checkbox"/> Memorandum	<input type="checkbox"/> Request for Certification
<input type="checkbox"/> Electric/Telecommunications	<input type="checkbox"/> Answer	<input type="checkbox"/> Motion	<input type="checkbox"/> Request for Investigation
<input type="checkbox"/> Electric/Water	<input type="checkbox"/> Appellate Review	<input type="checkbox"/> Objection	<input type="checkbox"/> Resale Agreement
<input type="checkbox"/> Electric/Water/Telecom.	<input type="checkbox"/> Application	<input type="checkbox"/> Petition	<input type="checkbox"/> Resale Amendment
<input type="checkbox"/> Electric/Water/Sewer	<input type="checkbox"/> Brief	<input type="checkbox"/> Petition for Reconsideration	<input type="checkbox"/> Reservation Letter
<input type="checkbox"/> Gas	<input type="checkbox"/> Certificate	<input type="checkbox"/> Petition for Rulemaking	<input type="checkbox"/> Response
<input type="checkbox"/> Railroad	<input type="checkbox"/> Comments	<input type="checkbox"/> Petition for Rule to Show Cause	<input type="checkbox"/> Response to Discovery
<input type="checkbox"/> Sewer	<input type="checkbox"/> Complaint	<input type="checkbox"/> Petition to Intervene	<input type="checkbox"/> Return to Petition
<input checked="" type="checkbox"/> Telecommunications	<input type="checkbox"/> Consent Order	<input type="checkbox"/> Petition to Intervene Out of Time	<input type="checkbox"/> Stipulation
<input type="checkbox"/> Transportation	<input type="checkbox"/> Discovery	<input type="checkbox"/> Prefiled Testimony	<input type="checkbox"/> Subpoena
<input type="checkbox"/> Water	<input type="checkbox"/> Exhibit	<input type="checkbox"/> Promotion	<input type="checkbox"/> Tariff
<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Expedited Consideration	<input type="checkbox"/> Proposed Order	<input type="checkbox"/> Other:
<input type="checkbox"/> Administrative Matter	<input type="checkbox"/> Interconnection Agreement	<input type="checkbox"/> Protest	
<input type="checkbox"/> Other:	<input type="checkbox"/> Interconnection Amendment	<input type="checkbox"/> Publisher's Affidavit	
	<input type="checkbox"/> Late-Filed Exhibit	<input checked="" type="checkbox"/> Report	



2600 Maitland Center Pkwy.  
Suite 300  
Maitland, FL 32751  
P.O. Drawer 200  
Winter Park, FL  
32790-0200  
Tel: 407-740-8575  
Fax: 407-740-0613  
www.tminc.com

March 19, 2010  
Via Overnight Delivery

Docketing Department  
South Carolina Public Service Commission  
Synergy Business Park  
101 Executive Center Dr.  
Saluda Building  
Columbia, SC 29210

RE: Ernest Communications, Inc  
SC Authorized Utility Representative  
For the month ending April 30, 2010

Dear Sir or Madam:

Enclosed please find a copy of the SC Authorized Utility Representative for the month ending April 30, 2010, filed on behalf of Ernest Communications, Inc. No check is enclosed as there are no remittance fees due.

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

Jackie Gilchrist  
Compliance Reporting Specialist

cc: Paul Masters - Ernest Communications, Inc  
file: Ernest Communications, Inc - Reporting - South Carolina

JG/af

# AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE:    ☐ IXC        ☒ CLEC        ☐ ILEC        ☐ Wireless

## CERTIFICATED COMPANY INFORMATION

Ernest Communications, Inc.

Company Name

EIN/SSN

770-242-9069

Dba/fka

Telephone #

5275 Triangle Pkwy, Suite 150

Mailing Address

Norcross, GA 30092

City, State, Zip Code

5275 Triangle Pkwy, Suite 150

Business Location

Norcross, GA 30092

City, State, Zip Code

County

## REGISTERED AGENT INFORMATION

Registered Agent: National Registered Agents, Inc.,

Mailing Address: 2 Office Park Court, Suite 103

City, State, Zip Code: Columbia, SC 29223

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

A. Paul Masters

**General Manager** (Include address if different than above.)

770-242-9069

/ 770-448-4115

/pmasters@ernestgroup.com

Telephone Number

Facsimile Number

E-mail Address

B. Steve Reynolds

**Customer Relations/Complaints Representative** (Include address if different than above.)

770-242-9069

/ 770-448-4115

/ sreynolds@ernestgroup.com

Telephone Number

Facsimile Number

E-mail Address

C1. Steve Reynolds

**Customer Relations/Complaints Representative for Escalated Complaints** (Include address if different than above.)

770-242-9069

/ 770-448-4115

/ sreynolds@ernestgroup.com

Telephone Number

Facsimile Number

E-mail Address

C2. 800-456-8353

**Customer Contact (Toll Free Number)**

D.

**Engineering Operations** (Include address if different than above.)

/

/

Telephone Number

Facsimile Number

E-mail Address

E.

**Test and Repair** (Include address if different than above.)

/

/

Telephone Number

Facsimile Number

E-mail Address

F.

**Emergencies** (During non-office hours)

/		
Telephone Number	Facsimile Number	E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

G.

**Regulatory Officer** (Include Address if different than above)

/		
Telephone Number	Facsimile Number	E-mail Address

H.

Jackie Gilchrist

**Dual Party Mailings** (Name)

P.O. Drawer 200, Winter Park, FL 32790-0200

(Mailing Address)

407-740-8575	/ 407-740-0613	/ jgilchrist@tminc.com
--------------	----------------	------------------------

Telephone Number	Facsimile Number	E-mail Address
------------------	------------------	----------------

I.

Jackie Gilchrist

**Interim LEC Fund Mailings** (Name)

P.O. Drawer 200, Winter Park, FL 32790-0200

(Mailing Address)

407-740-8575	/ 407-740-0613	/ jgilchrist@tminc.com
--------------	----------------	------------------------

Telephone Number	Facsimile Number	E-mail Address
------------------	------------------	----------------

J.

Jackie Gilchrist

**Universal Service Fund Mailings** (Name)

P.O. Drawer 200, Winter Park, FL 32790-0200

(Mailing Address)

407-740-8575	/ 407-740-0613	/ jgilchrist@tminc.com
--------------	----------------	------------------------

Telephone Number	Facsimile Number	E-mail Address
------------------	------------------	----------------

K.

Jackie Gilchrist

**Gross Receipts Mailings** (Name)

P.O. Drawer 200, Winter Park, FL 32790-0200

(Mailing Address)

407-740-8575	/ 407-740-0613	/ jgilchrist@tminc.com
--------------	----------------	------------------------

Telephone Number	Facsimile Number	E-mail Address
------------------	------------------	----------------

L.

Jackie Gilchrist

**Lifeline Mailings** (Name)

P.O. Drawer 200, Winter Park, FL 32790-0200

(Mailing Address)

407-740-8575	/ 407-740-0613	/ jgilchrist@tminc.com
--------------	----------------	------------------------

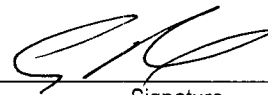
Telephone Number	Facsimile Number	E-mail Address
------------------	------------------	----------------

**TECHNOLOGIES MANAGEMENT, INC.**  
AS ATTORNEY-IN-FACT  
**BY CAREY ROESEL, CONSULTANT**

This form was completed by (print name)

**TECHNOLOGIES MANAGEMENT, INC.**  
AS ATTORNEY-IN-FACT  
**BY CAREY ROESEL, CONSULTANT**

Title



Signature

3/18/10

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
**Docketing Department**  
Post Office Drawer 11649  
Columbia, South Carolina 29211

Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201

(Rev. PSC 01/2010)